FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE
OFFICE USE ONLY

_			(Occ mander	ionay			Office use only 48
1.	NAME OF COMMITTEE (in t	full)	(Check if name is changed)	Exa over	mple: If typying, type the lines	12FE4M5	
L	Bob Casey for	Senate Inc	<u>.1</u>		 	11111	
Ш		1111	<u> </u>		<u> </u>	1111	
ΑĎ	DRESS (number and s	street)	00 13th Street, NW	<i>I</i>		1111	<u> </u>
X	(Check if address is changed)	s	uite 600	111	<u> </u>	1111	<u> </u>
		<u> </u>	ashington	_ _		PC	20005 _ _ _
				CITY		STATE	ZIP CODE 🛦
СО	MMITTEE'S E-MAI	L ADDRESS (Ple	ease provide only one	e-mail add	iress)		
	(Check if address is changed)	P	LGroup@perkinso	cole.com		11111	
		L	<u> </u>		<u> </u>		
COMMITTEE'S WEB PAGE ADDRESS (URL)							
		. hi	tp://www.bobcase	ev.com			
	(Check if address is changed)	· Li		1 1 1			111111
		L		111			
2.	DATE M M M		2010	-			and the second s
3. FEC IDENTIFICATION NUMBER C C00431056							
4.	IS THIS STATEM	ENT N	IEW (N) OR	×	AMENDED (A)		,
l ce	rtify that I have exami	ined this Statement	and to the best of my kr	nowledge an	d belief it is true, correct an	ed complete	
Туг	oe or Print Name of	Treasurer	Thomas Leonai	rd			
•			Skon	~~ X	Kinard		
Sig	nature of Treasurer	Electronically	Filed by Thomas	Leonard		Date 1,2	13 2010
NO	TE: Submission of fal		·		ne person signing this State	·	s of 2 U.S.C. §437g.
	Office Use Only			·	For further Information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)